

The Giraffe's 6 Feet of Very Sore Throat

It Took Quarts and Quarts of Medicine,

Yards and Yards of Bandages, and Pounds and Pounds of Ointment to Get Mary, the Queen of the Giraffes, Out of Her Misery---and How She Must Have Suffered!

If anything could suffer more than a centipede with the gout or a snake with a backache it is a giraffe with a sore throat. Six feet of inflammation is no joke! There isn't much to a giraffe but his neck, so when he gets anything that's where he usually gets it.

The giraffe has it on us when it comes to enjoying a cocktail or dish of ice cream, but when the bacillus tonsillitis giganticus invades his throat and proceeds to raise a lot of children and spread infection up and down that six-foot throat we are glad that our valued neck is as it is.

All of which has to do particularly with Mary, the well-behaved and motherly giraffe with Barnum & Bailey's circus. Mary caught cold coming in from Barnum & Bailey's Winter quarters in Bridgeport to Madison Square Garden, New York. Mary's been suffering terribly lately from amygdalitis, or sore throat in a giraffe, and Andrew Zingara, the trainer, has had his hands full trying to cure it and prevent it from spreading to the other giraffes in the circus. You see, the malady is very contagious among giraffes. The long necks offer such fine opportunities to the germs to stake out claims that they are eager to proceed thither, and it is no easy job to thwart their fell purpose.

Ordinarily the isolation of the indisposed animal is resorted to in order to prevent the spread of the malady to the others, but in Mary's case an obstacle presented itself. The obstacle happened to be Baby, Mary's two months old youngster. It hasn't been christened yet, but when it is it will be named Bill or Bess or something like that, and until that time comes it is being called Baby and It.

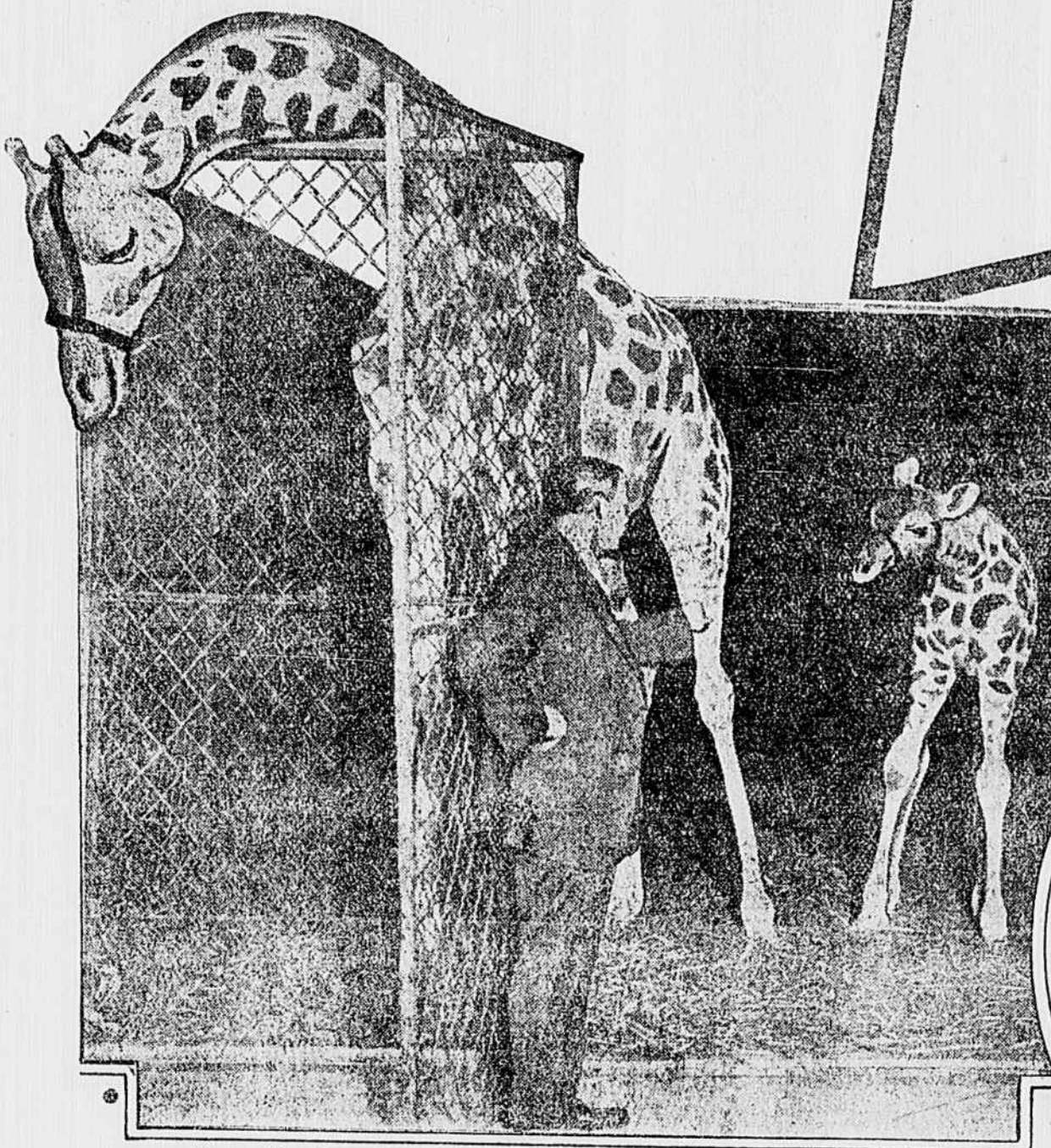
Anyhow, when Mary's throat got sore and began to get worse a foot at a time, Andrew was much perplexed as to what to do with Baby. Of course, it could be put in a cage by itself, but every now and then it would insist that another hole be punched in its meal ticket. And while pipe lines are all right for oil they're impractical for milk. Consequently, Baby would have to be thrown into more or less close relationship with its mother, for reasons that were obvious, especially to Baby.

But Andrew, who has taken a course in preventive medicine for giraffes, thought it over and decided he could handle things so that Baby would escape its mother's misery, and he has done so splendidly.

First, he had to doctor up Mary. To do this he had to get two gallons of medicine, fifty yards of nice white bandage, ten pounds of ointment—and a step-ladder. Andrew wouldn't tell us what the medicine was. When we pressed him he said, sibilantly, that it was a secret. Well, for all we care, he can keep his old secret locked tight in his breast indefinitely, because we don't expect to ever see any giraffes, for a while anyway, and damn sure we wouldn't use it on ourselves.

Andrew has been valuing and doctoring the Barnum giraffes for twenty years come next Tuesday, and the antidotes he used on Mary were the result of much experimenting and research, and nobody in that hazy bunch is going to fatten off his years of hard work—nor if he knows it.

But to get back to Mary and her troubles. After preparing his medicines Andrew mounted the step-



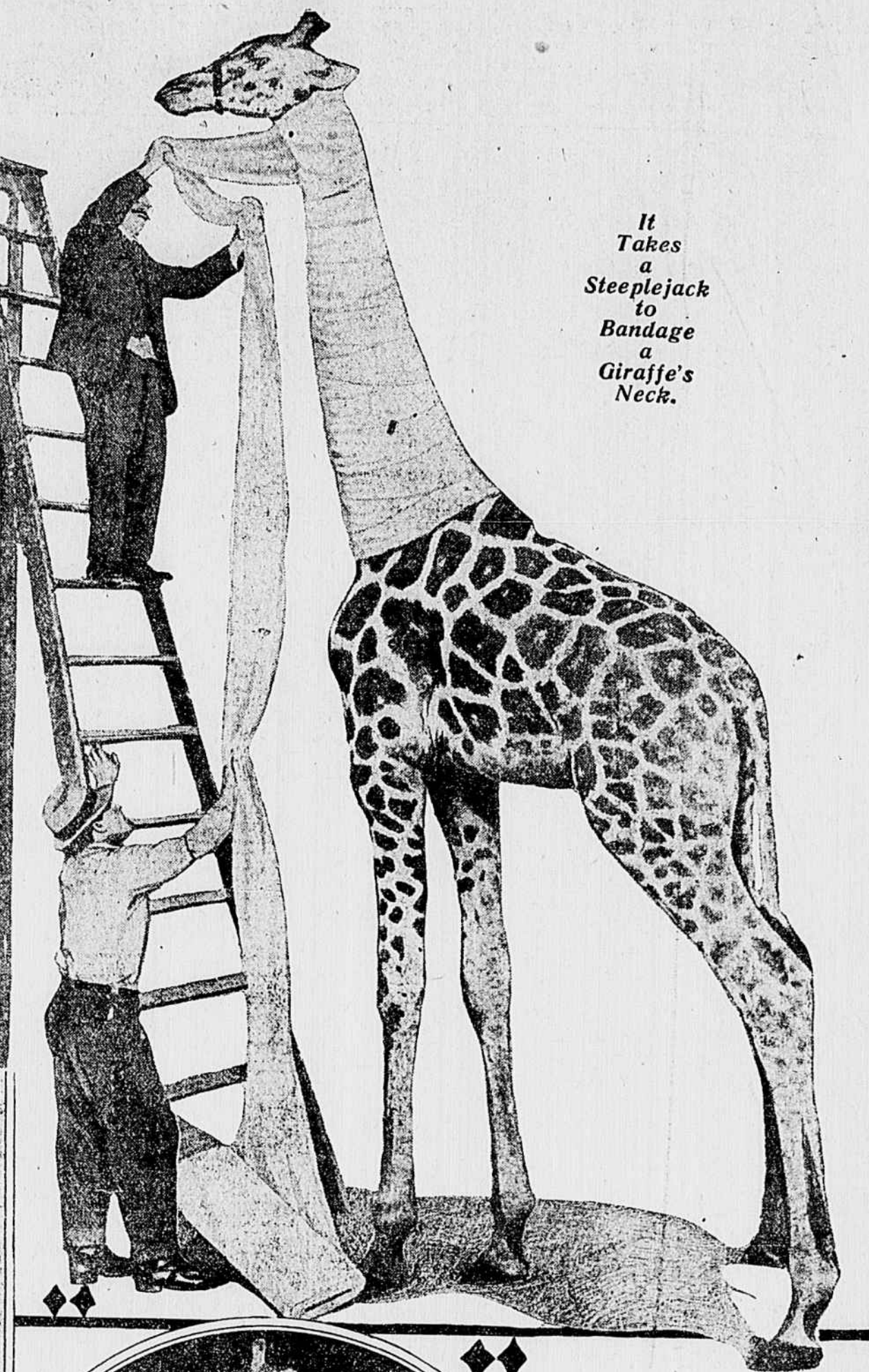
Mary Was So Sick That She Forgot All About Her Baby.

ladder and proceeded with the administration of same. Oh, Andrew did say that he put something in the medicine that tasted good to the giraffe, because, you see, medicine doesn't taste good, anyway, and to a giraffe it tastes forty times worse, his neck being forty times as long as ours. If he didn't put some little liquid delicacy in

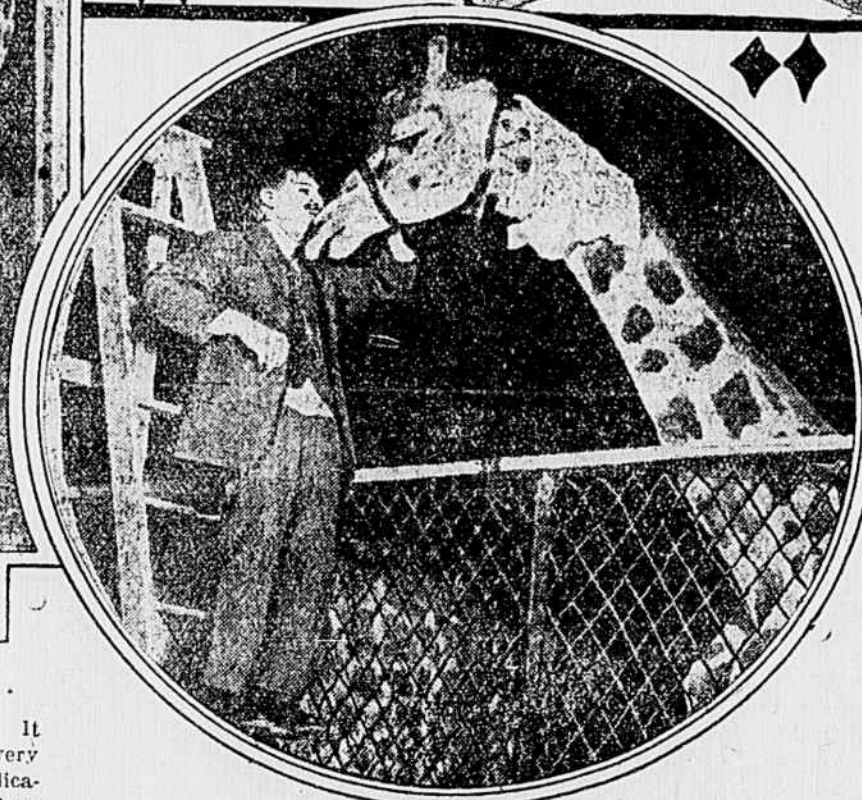
the medicine the giraffe wouldn't take it, and we can't blame him, or her, as the case may be.

So Andrew climbed up until he could have looked into the windows of a third-floor apartment, which brought him face to face with Mary. Then, with the aid of dulcet tones and a big spoon, he began the arduous task of irrigating the cobra-like

neck that stretched below him. It took a quart for each and every dose. Then the external application was prepared. The mysterious ointment was spread, butter-like, on the flannel and the flannel carefully wrapped about Mary's neck and securely fastened. You've seen a dog's hind leg tied up, and pitied him, but Mary was the sickest look-



It Takes a Steeplejack to Bandage a Giraffe's Neck.



"My poor little girl! Does the ointment make your neck smart?"

ing thing you ever saw.

With Mary properly doctored up, Andrew then turned his attention to

Baby. Baby wasn't sick and didn't see why folks should be fussing around her, or him, and started to

put up a holler, in its giraffe-like way, which meant kicking up its hind legs and leading everybody a chase around the cage. Finally it was cornered and subdued, and then submitted to a plentiful throat spray of another of Andrew's specifics.

The atomizer used made the ordinary atomizer look like an atom, and Andrew gave Baby the entire contents, thereby cutting off in the prime of life any and all active germs lurking in Baby's ample throat. Baby was thus treated twice a day, after meals, and Mary took her internal antidote night and morning. The external application was changed each day.

It kept Andrew busy running up and down the step-ladder, but he didn't complain. He takes great pride in his giraffes and loves them. Every now and then he thinks of quitting the show business, but about that time Mary'll bring her head down from on high and rub her nose around his pockets and poke it under his arm, and then Andrew allows as how he'll stick around a while longer.

Mary's had three children, all splendid specimens, and they're in the receiving line with her afternoon and evening to greet the public.

Some record for Mary. Also for Andrew, the accoucheur.

Why We Know the Blind Do Not Have Keener Smell, Hearing and Touch

PROFESSOR CARL E. SEASHORE, the distinguished psychologist of the State University of Iowa, has just furnished, through a series of interesting experiments, proof that no one of the five senses gains internal power through inactivity of any one or two of the remaining four, but only seems to do so because, in the absence of the others, it is brought into larger use.

In other words, there is no reason why the sense of touch of a blind man should be keener than that of a man of perfect vision. If the latter "exercised" that sense as much and as constantly as the former is compelled to do.

Our grandmothers firmly believed that blindness often so quickened a person's sense of hearing and of touch that sounds at a great distance, not audible to others, would be distinctly heard by such persons, and that by the mere touch of their fingertips they could determine, in an

almost uncanny way, the qualities of various textures. Extraordinary keenness of smell was attributed to persons defective in some of the other senses, and even a greater range of vision was sometimes accredited to a man as a sort of compensation or reward by nature for his being called upon to bear the burden of deafness. Our grandmothers are now proven to be wrong.

Man is born with several avenues leading to a knowledge of external objects. The eye seems to be the most convenient channel of approach to the outer world; therefore persons born with sight use the eye chiefly in apprehending objects. They store up their experiences and form habits in terms of eye adjustment.

Other sensory impressions accompany those obtained through vision, but ordinarily take a secondary role. In the brain are stored the results of the eye's activity, in far larger proportion than are the impressions gained through any of the other senses. One has only to consider the wide variance between the mass of details an eye, edu-

cated to that purpose, can instantly convey to the brain, and the small amount of such details an untrained eye "picks up," to realize how much of the extraordinary sensory power of the eyes is, so to speak, allowed to go to waste.

A famous "memorist" some years ago amazed London by his ability—when blinded after a momentary glance from the stage—to describe exactly the hats worn by fifty or more women in the front rows of the theatre. He admitted later that he had practised the "trick" for years by walking rapidly past store windows, in which were displayed large varieties of objects, and noting after each passage how many more objects he was able to "take in" visually than on the previous trip.

A detective, through education of the eye, is able to note at a glance more of the details of a room in which a crime has been committed than another man might perhaps observe in an hour.

What is true of the visual sense is true of the others. Nature, as before said, does not "compensate" a man for the loss

of eyesight by mysteriously providing extra keenness of the auditory or tactile nerves. She simply forces him to develop the senses which those nerves control to a degree beyond the development they would receive from one in full enjoyment of eyesight.

The blind store their experiences in the brain in other terms than sight. They use hearing, touch and all the lower senses more than seeing persons do, but there is no evidence to prove that the basilar membrane or any other mechanism of the sense organs are improved by such use.

There is also no evidence to show that the actual sight-bearing capacity of the eye is enhanced by persistent use. Quite the contrary. The refractive system does not improve by practice and the retina probably does not become more sensitive to color and brightness by use, yet, as above pointed out, the meaning of the eye's impressions may grow enormously by training.

Still further, there is no evidence, experimental or otherwise, to show that the

ear and tactile organs in the skin and muscles become less sensitive in the case of a person with eyesight than in the case of one who is blind.

Professor Seashore, in making public the result of the Iowa experiments, prefaces it with the following statement:

"Through years of experience in the laboratory the conviction has gradually grown upon me that a more radical distinction should be made between sensitivity and ability to use a sense; between inborn sensory capacity and acquired ability or skill."

"From time to time I have taken the opportunity of comparing my own sensitivity in touch and hearing with that of blind persons distinguished for ability in guiding themselves by those senses, and in no case did I find that the blind persons possessed any superiority to myself in sensitivity to touch and hearing."

Fifteen of the brightest pupils of high school grade who had been blind for more than five years were selected at the Iowa school for the experiment. They

were compared with fifteen seeing pupils of the Iowa City High School selected at random. On these two groups measurements in touch, hearing and the kinesthetic sense—the perception of muscular movements—were made on an elemental basis.

The tests included discrimination of appreciation of the direction of sound; of the intensity of sound; judgment of lifted weight and judgment of active and passive pressure.

Most painstaking efforts were made in the adaptation of apparatus and method to make these measurements elemental by reducing them to simple direct impression which could be reported by the most natural response, no skill in action of any kind being involved.

The tests scientifically determined the relative value of a physiological and a cognitive or mental starting point in producing appreciation of sound and touch. The result was that in these measurements no superiority of sensory perception distinguished the blind from the seeing group.